

# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace. Book ii, Ode iii.

## JOURNAL.

VOL. XLIII.—No. 12.]

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PRICE NINEPENCE.

### CALENDAR.

- Tues., Sept. 1.—Dr. Graham and Mr. Roberts on duty.  
Fri., „ 4.—Dr. Geoffrey Evans and Mr. Vick on duty.  
Tues., „ 8.—Prof. Witts and Prof. Paterson Ross on duty.  
Fri., „ 11.—Dr. Hinds Howell and Mr. Wilson on duty.  
Tues., „ 15.—Dr. Gow and Mr. Girling Ball on duty.  
Fri., „ 18.—Dr. Graham and Mr. Roberts on duty.  
Sat., „ 19.—**Last day for receiving matter for the  
October issue of the Journal.**  
Tues., „ 22.—Dr. Geoffrey Evans and Mr. Vick on duty.  
Fri., „ 25.—Prof. Witts and Prof. Paterson Ross on duty.  
Tues., „ 29.—Dr. Hinds Howell and Mr. Wilson on duty.  
Thurs., Oct. 1.—**Old Students' Dinner, Charterhouse Square.**

### EDITORIAL.

**N**OW that the time approaches for the reopening of the Medical School, and Charterhouse Square in its new glory is to see the beginning of its first complete academic year, it is pleasant to rest and reflect in the belated glory of an English summer. We may do so in the Square in the growing shadow of the new Medical Block with the bustle of workmen busy on every side at the new X-ray Department and at the Chapel, whose tower is the site of renovation—the subject of an article we hope to publish in our next issue.

We may, on the other hand, be far from scenes so familiar, preparing to return to reopened wards, new departments, or at least another field of activity.

closer than the last to the Mecca of Queen's Square. That, however, is a goal which for the moment can pleasurably be forgotten, perchance by a stretch of water in the cool of the evening sun, perchance in a foreign clime, undisturbed by the machinations of war, or perchance in accustomed surroundings attracted by great expanses of fairway, with at times even greater of "rough". They each have their devotees, and each for separate reasons, but at least *chacun à son goût* applies to our professional as well as our recreative activities. The latter indeed, are, in a manner of speaking, of the nature of release phenomena, be they the expressions of freedom from anything so material as that slave the telephone, or reactions from the undeniable call of duty in one direction or another. They truly play their part and play it well, when at their end it is not unpleasant to put them off for another year and return to work once more.

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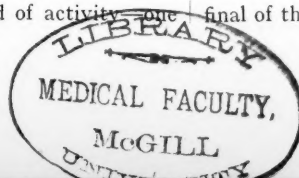
We would draw the attention of our readers again to the Old Students' Dinner on October 1st, when Sir Kingsley Wood will be the guest of honour, and Sir Charles Gordon-Watson will be in the chair.

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The Bart.'s Golfing Society will hold their autumn meeting at Hadley Wood on October 2nd, and it is hoped that many old Bart.'s men will be able to stay on for it after the Dinner.

\* \* \*

We wish the Hospital cricket team success in the final of the Inter-Hospitals Cricket Cup.



## HEAD INJURIES.\*

**S**EVERE injury to the head may result in fracture of the skull and damage to the intracranial contents. It is not my intention in this lecture to consider in any detail the subject of fracture of the skull, for it is already well known to you, and the damage done to the brain is so much more important. There is no denying that a fracture is of importance as an indication of the severity of the injury to the head, and therefore the likelihood of damage to the brain; but it must be clearly understood that fatal injury may be done to the brain without fracture of the skull. The most serious complication of a head injury which is directly attributable to fracture of the skull is infection of the subarachnoid space.

Injury may be done to the brain in various ways. A blow may produce contusion or laceration, either close to the point of impact or by *contre-coup*. This is less common, however, than compression of the brain by œdema fluid or blood, which interferes with its function, not by destruction of cerebral tissue, but by impairment of its nutrition. The exact mechanism of concussion, the commonest of all the phenomena following a severe head injury, is still unknown, though its brief duration indicates that it must be some transitory affection of the flow of blood or cerebro-spinal fluid, or even a brief period of inhibition produced by the force of the blow being transmitted directly to the cells of the brain without producing any permanent damage to them. Stranger still are the cases in which the signs we have learnt to ascribe to "cerebral compression" occur in association with a normal or low intradural tension.

These reflections are sufficient to show the complexity and interest of the problem of cerebral damage following severe head injury, and we may now turn our attention to the examination of a patient found unconscious after an injury to his head, assuming that the other well-known causes of loss of consciousness can be excluded.

## EXAMINATION OF AN UNCONSCIOUS PATIENT.

First a rough estimate of the severity of the brain injury must be made by observing the depth of unconsciousness; and by noting the depth of respiration, the blood-pressure and the pulse-rate the state of the medullary centres may be ascertained. Next one should look for signs of a localized lesion, as shown by bruising of the scalp, the size and reaction of the pupils, movement and tone in the limbs, and alterations in the superficial and deep reflexes.

These clinical methods will frequently suffice to

indicate whether the cerebral or medullary centres are suffering as a result of compression, but the exact determination of the intradural tension is often a necessity, and may be carried out very easily by means of a manometer connected to a lumbar puncture needle. This process should be devoid of risk, since very little fluid need be drawn off; and if the fluid contains blood, not only are we given useful information, but the patient is given relief from the irritation which results from the presence of blood in the subarachnoid space. The intradural tension should be about 120 mm. of cerebro-spinal fluid, and readings above 150 mm. are to be regarded as abnormally high, though in severe compression the figure may rise to 300 mm. or even higher.

## MANAGEMENT OF CASES OF CEREBRAL INJURY.

1. *Concussion*.—When the examination shows that the patient can be roused, and there is no sign of increased pressure, it is important to leave him to recover with as little interference as possible. He should be sheltered from any external stimulation, nursed lying flat while the blood-pressure is low and the pulse rapid, but with the head of the bed raised as soon as they return to normal. There is no need to give hypertonic salines *per rectum* or intravenously, but the old-fashioned calomel and magnesium sulphate are of great value for the relief of the mild œdema of the brain which is the common sequela of concussion.

2. *Intradural pressure increased without signs of a local lesion*.—The chief guide to rational treatment must be the intradural pressure, whether the clinical picture be one of traumatic delirium or stupor. The increase in pressure is due to venous congestion, and to overfilling of the perivascular channels with œdema fluid or blood, and it will be readily understood that the object of treatment is to reduce intradural pressure so that arterial blood may enter the capillary bed more freely. This may be achieved by raising the head of the bed on blocks, and the patient's head on pillows; by giving hypertonic saline solutions orally, *per rectum*, and intravenously when necessary; and by lumbar puncture provided that care be taken to lower the pressure gradually. Withdrawal of cerebro-spinal fluid is especially indicated if there has been hæmorrhage into the subarachnoid space, but as a rule it is to be practised only when postural and saline treatment have failed.

In the rare cases in which these simpler measures do not succeed, it is necessary to perform subtemporal decompression in order to break the vicious circle whereby œdema and venous congestion become more and more profound. This is very seldom called for, and is done, not to arrest hæmorrhage, but to promote

\* A Post-graduate Lecture delivered on Saturday, June 20th, 1936.

a better supply of oxygenated blood by lowering intradural tension.

3. *Increased intradural pressure with signs of a local lesion.*—Under these circumstances it is unwise to try to lower intradural tension by salines lest the cause of the symptoms be a hæmatoma which might increase in size if space were provided for it to do so. Blood may collect outside the dura, in the subdural space, or within the cortex of the brain itself. When localized intracranial hæmorrhage is unaccompanied by other severe injury to the brain, in addition to the evidences of the focal lesion there will be a history of a lucid interval of variable duration, followed by a steady progression in the severity of the symptoms. Such a combination of circumstances demands craniotomy as an emergency operation.

4. *Pressure not increased, but signs of a local lesion present.*—This clinical picture is comparatively uncommon, and indicates direct brain injury by laceration or severe contusion. When the intradural pressure is low, it is best to keep the patient's head level with his body, and in fact this will be found as a rule to be the only position he can tolerate when consciousness is recovered. Complete rest will usually effect a cure without any special treatment directed to the nervous system, but if there is much blood in the cerebro-spinal fluid, lumbar puncture repeated every three or four days seems to hasten recovery. It is astonishing how rapidly and completely most of these patients recover, and a good prognosis can usually be given.

#### SPECIAL POINTS OF PRACTICAL IMPORTANCE.

(a) *Cerebral concussion.*—In attempting to assess the severity of this condition and its prognosis, attention should be paid to the duration of the period of retrograde amnesia, which is associated with all cases of concussion. It sometimes happens that a period of twenty-four hours before the accident may be completely forgotten.

During convalescence "rest" should not mean complete inactivity, and it is important that recovery should be encouraged by allowing and even encouraging the patient to increase his output of mental and physical effort slowly but steadily, always stopping short of fatigue or headache.

(b) *Traumatic delirium.*—The term "traumatic delirium" is preferable to "cerebral irritation", since it describes a clinical state instead of hinting at its supposed cause. The condition is believed to be the result of congestion of the cerebral veins, and therefore demands treatment to relieve the increased intracranial tension, which in its turn causes the venous congestion. In addition sedative drugs will be necessary, and the choice of the best one for an individual may be a matter of

great difficulty. Morphine as a rule is useless, and furthermore it is harmful because of the tendency to alter the patient's physical signs in a misleading way: it may be impossible to say whether signs of medullary embarrassment are due to pressure or to morphia. Sedatives and hypnotics such as the bromides, luminal and paraldehyde are the most useful as a rule, and hyoscine, though less reliable, is worth trying if the others fail. It sometimes, though rarely, happens that traumatic delirium persists for days, the patient refusing food and wearing himself out with constant uncontrollable restlessness. Under such circumstances it is necessary to perform decompression to relieve venous congestion and allow œdema to subside.

(c) *Middle meningeal hæmorrhage.*—This constitutes the one real emergency in cerebral surgery. Every student knows the classical clinical picture with the comparatively brief lucid interval followed by stupor, unilateral cortical compression, and the characteristic changes in the pupils; but unfortunately the accidents which occur in rapidly-moving traffic, or involve falls from great heights, result in more extensive damage to the skull and intracranial contents. In such cases, besides a tear in the middle meningeal vessels, there is often laceration of the brain itself, perhaps with intraventricular hæmorrhage, and an extradural hæmatoma forms without the tell-tale lucid interval, and without any recognizable evidence that the brain is more compressed on one side. It is sometimes doubtful whether evacuation of the clot and arrest of the hæmorrhage would be of any avail even if the condition were diagnosed, but cases are occasionally met with, and we now have one in our wards, in which recovery has occurred in spite of accompanying cerebral damage, and in which it is certain that this happy result could not have been achieved had the extradural bleeding not been recognized.

For exposure of the middle meningeal artery, the most convenient incision is a straight one running downwards and forwards from in front of the parietal eminence to just below the centre of the zygoma. The temporal aponeurosis and muscle are split and retracted, and a hole drilled in the sub-adjacent bone rapidly exposes the clot. The bone opening must be enlarged *downwards* towards the base of the middle fossa, and when the clot has been scooped out and washed away a spatula elevating the dura will control the bleeding. If the vessel cannot be under-run on the dura it can always be controlled by plugging the foramen spinosum with Horsley's wax. There is never any need to tie the external carotid.

(d) *Subdural hæmorrhage.*—Blood may escape into the subdural space either very slowly or more rapidly, and

it thus comes about that the clinical evidences of this complication may appear within a few days of the injury or may be delayed for several weeks.

In the latter group the injury is frequently so slight that the patient fails to associate it with the subsequent symptoms of cerebral involvement, especially as the latent period may be as long as six or even twelve weeks. The patient is usually over 50 years of age, and the most common injury is a blow on the front or back of the head. The resulting force, acting in the long axis of the skull, causes a sudden shift of the brain in relation to the dura, which tends to tear the cerebral veins as they pass from the cortex to the superior longitudinal sinus.

The symptoms in this "chronic" type of subdural hæmorrhage resemble those of a cerebral tumour, but in addition to headache, vomiting, papillædema and weakness of the legs, there are mental changes associated with a curious variability in the state of consciousness—periods of semi-consciousness alternating with intervals when the patient becomes again alert and co-operative—which is so characteristic of this lesion as to suggest the diagnosis.

A small burr or trephine-hole made in the frontoparietal region will establish the diagnosis by revealing a discoloured area of dura, which must be punctured to allow the gradual escape of the dark fluid content of the hæmatoma. Subsequently the organized fibrinous lining of the cavity may have to be removed to prevent re-accumulation of fluid, but this is not a matter of any great difficulty.

The chronic type of subdural hæmorrhage has been dealt with first because it is better recognized than the "subacute" variety, which manifests itself within a few days of the injury. The patient may be of any age, but is usually a young adult, who has suffered a severe head-wound with concussion. Recovery seems to proceed in the usual way for 48 to 72 hours, but if about that time the patient's condition seems to deteriorate—he may complain of more severe headache, or may become more drowsy, his pulse-rate may tend to fall and he may vomit, and not infrequently rather indefinite signs of weakness and sensory loss down one side of the body may be observed—a subdural collection of blood must be suspected. In our experience it is a rather indefinite feeling that the patient is not doing as well as he should which places one on one's guard, and as soon as we are satisfied after a period of a few hours that the symptoms show no improvement, especially if the state of consciousness shows a considerable variation from time to time, we believe that a small exploratory opening should be made through the bone just in front of the motor area. If the dura is

discoloured it must be incised, and treacly blood will at once exude. It is rarely necessary to do more than wash away the old blood by a gentle stream of saline and leave in a small drain till the brain has expanded and obliterated the cavity. When exploration is negative the operation must be repeated on the other side.

It is wise always to explore both sides in every case of subdural hæmorrhage, whether subacute or chronic, since bleeding often occurs symmetrically. Furthermore the physical signs are sometimes most misleading, and I have seen two cases in which hemiplegic phenomena occurred only on the same side of the body as the hæmorrhage.

(e) *Subcortical hæmorrhage*.—A small hæmatoma in the substance of the cerebral cortex is a rare complication of head injury, but when it occurs it gives rise to a clinical picture which may be recognized comparatively easily. The latent period between the injury and the onset of symptoms is seven to ten days, when focal epileptic attacks, followed by paralytic phenomena, make their appearance. There is rarely any considerable increase of intracranial pressure, and the treatment is to expose the affected area by osteoplastic resection of the skull, open the dura and evacuate the clot, which may be extruded spontaneously through the softened overlying cortex.

#### SUMMARY.

I cannot refer in the time at my disposal to traumatic epilepsy and to the later effects of cerebral injury, but I will summarize my remarks on the management of recent injuries to the head as follows:

1. Cerebral concussion is of brief duration, and recovery therefrom should be rapid and complete.
2. If recovery of cerebral function after injury to the head is unduly prolonged, the pressure in the subarachnoid space should be determined without delay.
3. The use of hypertonic salines as a routine measure in cases of cerebral injury is to be condemned.
4. Hypertonic saline is of value when the intradural pressure is raised provided there is no evidence of a localized cerebral lesion.
5. Hypertonic saline may be harmful when there is evidence of a localized cerebral lesion associated with a raised intradural pressure.
6. If a localized cerebral lesion shows signs of extending, or if it is associated with progressive deterioration in the patient's general condition, operation should be undertaken without delay.
7. A non-progressive localized cerebral lesion associated with a normal or subnormal intradural pressure does not demand operation.

J. PATERSON ROSS.



## QUESTIONS AND ANSWERS.



FEW weeks ago, Mr. Editor, you asked me some questions about the Hospital and, as Archivist and Keeper of the Muniments, I promised to discover the answers so far as is now possible. You asked:

## (1) When were the shelters in the Square erected?

Mr. Thomas Hayes, our most excellent Clerk to the Hospital, tells me the four shelters in the Square were placed there by the generosity of Mr. Ebenezer Homan. A minute of the Treasurer and Almoners' Committee of November 21st, 1895, records the payment by Mr. Homan of the balance of £419 4s. 0d., £290 having been paid on July 18th, 1895. The Treasurer was asked to write to Mr. Homan expressing the thanks of the Governors. Mr. Homan was long interested in the Hospital as a Governor. He lived at Finchley in a large house with spacious grounds. The Treasurer was Sir Trevor Lawrence, son of Sir William Lawrence, surgeon to the Hospital from 1824 until 1865, and the favourite pupil of John Abernethy.

## (2) When were the trees in the Square planted?

The trees were first planted in 1859, but the present trees were planted when the shelters were built. I seem to remember them as striplings when I was appointed Assistant Surgeon.

## (3) When was the Fountain built?

In 1859. The older engravings of the Square show a plain gravelled quadrangle. Sir Norman Moore in his *History* quotes the following lines from the *Poems on Classical Prosody*, by Robert Bridges, the Poet Laureate, and a former Casualty Physician:

"Altho'  
Hardly can I, who so many years eagerly frequented  
Bartholomew's fountain, not speak of things to awaken  
Kind old Hippocrates, howe'er he slumbereth, entomb'd  
Near the shatter'd wine jars and ruined factories of Cos  
Or where he wander'd in Thessalian Larissa."

## (4) When were the Sanitary Blocks built?

The story of these blocks appears to begin on June 22nd, 1829, when the surveyor made the following report to the Treasurer and Almoners on the existing state of affairs. It is, I think, worth reproducing in full and without comment. It runs:

"JOURNAL, 1826-40, pp. 115-117.

"HOUSE COMMITTEE 24th JUNE, 1829.

"*Treasurer and Almoners' Report respecting Baths and Water Closets.*

"Read the following Report of the Treasurer &

Almoners to whom it was referred as to the Expediency of having baths and water closets on the different wings of the Hospital, viz. :—

"The Treasurer and Almoners beg to express their decided opinion that it would be expedient to have baths on the Landings of the several Stories and that water closets be substituted for the present privies in all the Wards they beg leave to refer the House Committee to the following Report of the Hospital Surveyor upon this subject, in which they entirely concur and strongly recommend the mode he has suggested to carry this desirable Improvement into effect, be forthwith adopted.

"St. Bartholomew's Hospital;

"22nd June, 1829.

"In compliance with the directions of the Treasurer and Almoners the Surveyor begs leave to report the most advisable mode in his Judgment of altering the present privies in the several Wards and of placing a warm bath on each Storey.—He begs leave to state that the privies attached to the several Wards are formed by large leaden Funnell Pipes passing thro' the different stories and emptying themselves into large cesspools below, these occasionally are extremely offensive and in the event of an epidemic disorder might be productive of great mischief to the Hospital and the Neighbourhood.

"The great Improvement that suggests itself is to let down a large Body of Water thro' these funnell pipes, as they are used from time to time by the patients and these pipes instead of emptying their contents into mere receptacles for filth, should discharge themselves into Sewers and in this manner be carried off the Hospital premises.

"To accomplish such an alteration the first consideration is to obtain a large and certain supply of Water, it must be evident that the present supply from a water Company cannot be depended upon for this purpose, for at present when there is less consumption of water than would hereafter be required it is occasionally deficient.—He begs to suggest that a Cistern Capable of holding 3,000 gallons of water should be placed in the centre of the Roof of each Wing, that they should be supplied with water obtained by boring at the Back of the South Wing and thrown from thence into these Cisterns by a Small Steam Engine of Two Horse power which would not be of the least annoyance to the Hospital that over each set of the closets at the extremities of the Wings there should be placed a Cistern capable of holding 500 gallons and on each floor over every double closet a cistern to hold 100 gallons that a valve apparatus be fixed in each closet to be opened by the weight of the patient sitting down and closed on his rising up, being what is termed an Ordinary Self-Acting Closet.—The water does not pass into the pan until the Patients have been seated a few seconds the Soil and Water are intended to pass into the Present Funnell pipes which are of quite sufficient dimensions and substance to be used as they are and being carried down into a main drain, an air-trap is proposed to be fixed at the bottom of each pipe to prevent any effluvia arising from the drain or any sudden rush of Air to the closet above, when opened upon this System a large body of Water might be occasionally let down these pipes from the upper Cisterns to carry off any accumulation of Soil or any other matter in the pipes.—Thus—will every Ward be provided with a water closet well and abundantly supplied with water, and in the venereal wards a small space might be screened off near the Water Closets in which the Patients might wash themselves having a false Floor lined with Lead with Water laid on it. The Cisterns are proposed to be placed under cover and as much sheltered as possible from the external Air. The Service will be so constructed as to be always empty after supplying the Cisterns in order to prevent the water freezing, which may be an objection to the System of Water Closets in an Establishment of this kind, but at Bethlem Hospital were they have been in use ever since the Hospital has been erected, no inconvenience has been experienced from this circumstance."

"BATHS.

"The Present Hot and Cold Baths now in the Basement Storey of the South Wing are extremely dirty and objectionable, the Hot Bath being of Wood lined with Lead can never be properly cleaned, He begs leave to suggest that on the Landing of each Floor a Warm Bath be fixed formed of Copper well painted supplied from the large Cisterns in the Centre of the Wings, The Water from which is intended to be let down to a Common Steam Boiler on the Ground

Floor and after passing thro' the Boiler and becoming heated it will rise to the Bath on each Floor and which may therefore be always ready for use.

"The Present Pumps on the Landings of the Staircases are intended to be removed as the noise made in working them is extremely prejudicial to the Patients and the Present cisterns are proposed to be supplied by the New Engine.

"The Surveyor does not recommend the present supply of Water from the New River Company being discontinued, but it should be kept for the use of the Laundry Medical Buildings Officers Houses &c.

"With regard to an Estimate of the Expence of the forgoing Works it is extremely difficult to ascertain it with any certainty but the following sums may be considered as the probable Cost

	£	s	d
" Steam Engine and Well	1,000.	0.	0.
" The Plumbers Work including closets	1,500.	-	-
" Woodwork to Cisterns alteration of Roof & c.	500.	-	-
" No. 11 Copper Baths & Boiler	300.	-	-
" Alterations of Cesspools New Drains &c.	1,000.	-	-
	£4,300.	0.	0.

"WHICH Report was approved and left to the Treasurer and Almoners to carry the whole or any part thereof into effect."

The present Sanitary Blocks were built between 1874 and 1878. On May 12th, 1874, the surveyor reported to the House Committee that "the W.C. and other accommodation is decidedly defective and objectionable". Plans were approved "for enlarging the projections at the ends of the Wings to provide outside every ward, a bath, lavatories, slop sinks, urinals etc. in addition to the two W.C's". The annexe to the West Wing was built in April, 1875; to the East Wing in February, 1876, and to the South Wing in 1878. The whole cost appears to have been about £14,000 to £15,000.

I wrote to "Sister Eyes"—Miss Davies—asking her what she remembered when she was a probationer. She has a good memory and was appointed Sister-in-Charge of the Eye Wards when they were opened in 1870 and were placed under the care of my father and Mr. Bowater J. Vernon. Writing from Newcastle Emlyn, Carnarvonshire, she says: "The W.C.'s in the Abernethy block were at the Smithfield end of the wards.

"I cannot quite remember how we got hot water, whether there were boilers at the back of the fireplaces, but we had a bathroom and so did Lucas and Casualty. The heating stove for them was on the Casualty floor. The bathman bathed the male patients in the bathroom under the old out-patient room across the Square." "The old out-patient room across the Square" was situated where is now the ramp leading to the kitchen entrance. The bathman, as I remember him, was a small man who dragged a large bath into the ward by a long handle, filled it with water and stood by the patient whilst the house surgeon tried to reduce a

strangulated hernia by taxis before sending for his surgeon. The assistant surgeon was not allowed to operate and the surgeon, summoned by a written note delivered by his box carrier, arrived in a hansom cab. I still remember the pained look on Sir William Savory's face at 3 o'clock one snowy morning. The patient was lying on the table in the old operating theatre awaiting his arrival and examination showed that the hernia had reduced itself. The box carrier, too, had his likes and dislikes: "Mr. Savory is a very arbitrary gent. He says I stink and makes me ride on the step of the cab whatever the weather; now there's Mr. Marsh he always says 'Come inside, Tom, it's raining'."

"Sister Eyes" continues: "I think the dinner tins were carried from the ground floor by the nurses, but this I am not quite sure of." The Kitchen was below Harley and it is for this reason that the back ward is higher than the front. The routine was for the porters to carry the dinners to the ground floor in each block and then shout through the speaking-tube "Dinner!" when the nurses came down and carried the tins up. There were, of course, no lifts until many years afterwards.

#### (5) How was the Hospital supplied with water?

The water supply was a constant source of trouble. The original supply was perhaps obtained from one of the numerous springs which abounded in the "No-man's Land" granted to the Hospital by Henry I in 1123. These have long since disappeared with improved drainage of the sandy soil upon which the Hospital is built, but one still remains in the forecourt of the General Post Office, within a hundred yards of the out-patient entrance. It is a spring of clear water at the base of the bastion of the Roman Wall.

When the East Block of the Hospital was built in 1739 there was some difficulty with the subsoil water. Advantage was taken of it to make a small swimming-bath lined with Dutch tiles. The bath still remains, but it is now fed by the Metropolitan Water Board. On June 13th, 1558, it was ordered by the Governors that "a copy of the book taken out of Doomsday for the water to make a breviat [abstract] out of it to show it to the my lord Chancellor", and on March 11th, 1559, "A box was delivered to Mr. Wathers containing writings concerning the water that should come from St. Bartlemy to the hospital, one under the seal of King Henry vith (1421-1471), the other an indenture between the prior of St. Bartholomew's and the master of the Hospital of St. Bartholomew". A careful search through the Doomsday Book of the Hospital by Miss Gweneth Hutchings and myself has failed to discover either of these documents, and shows that many

pages have been mutilated. It seems probable, therefore, that the originals were literally abstracted and were handed over to Mr. Wathers, who was no doubt a counsel learned in the law.

The water supply came from a conduit at Islington, which was carried by pipes of lead to a cistern in St. Bartholomew Close, whence it was distributed by a pipe to the Hospital. The upkeep of the supply was a constant source of trouble until, on November 25th, 1660, "The countess of Holland desired the Governors to join with her in demolishing the Conduit in St. Bartholomew the Great and taking up the leaden pipes from Canonbury conduit which for many years have been no way useful". Sir Hugh Myddelton, it will be remembered, opened the New River Water supply at Clerkenwell on Michaelmas Day, 1613, so that the Hospital water was supplied by the New River until it was taken over by the Metropolitan Water Board in 1905. From time to time there has been some consideration about sinking an artesian well in the Hospital, but it has not yet been thought desirable to do so. The older prints of the Hospital show a small plot of land called Well Yard situated on the south side of the Church of St. Bartholomew-the-Less, perhaps on the site of the present Harley Block.

This, I think, answers your five questions, Mr. Editor, but I am open to correction by those far older and wiser than your contributor. D'ARCY POWER.

## JOHN MELLY:

### OR THE BRITISH AMBULANCE SERVICE IN ETHIOPIA

By CAPTAIN R. TOWNSHEND-STEPHENS,

Of Lincoln's Inn; lately Adjutant of the British Ambulance  
Service in Ethiopia.

#### I. EARLY DAYS.

**S**TRICTLY speaking the recent Italian-Abyssinian war had nothing to do with us; some, therefore, called the British Ambulance Service in Ethiopia a scatter-brained adventure, others more kindly called it a venture of faith.

John Melly, who founded the unit, commanded it in Ethiopia until he died, paradoxically, at the hand of an Abyssinian looter; and the posthumous award of the Albert Medal in Gold, which some of us like to think is the civilian equivalent of the Victoria Cross, was a moving tribute to a very gallant surgeon.

In July of 1935 an odd assortment of furniture was somewhat pathetically arranged as an office in an unfurnished flat in South Kensington, and a notice-board bravely proclaimed the purpose of an organization that was yet to be formed, for a war that was yet to be declared.

Sub-committees were formed. John Melly and Dr. Christopherson, with General Barrow and Col. Harnett, disposed of the difficult medical problems; Col. Smith "weeded out" strange volunteers (in three months he must have met half the riff-raff of the universe); Col. Llewellyn arrived like a comet and faded away to Kenya to recruit personnel, leaving transport, now involved, to the wretched Stephens; Baxter, the stage director of that remarkable entertainment, "1066 and All That", was anywhere and everywhere, and enlisted the deep-voiced Shakespearian actor Fielding as secretary and general factotum.

So far, good, but there was no money. Many and devious were the devices tried, for we did everything but steal. Most promising were the offers of assistance, but always from gentlemen who wished to be appointed treasurer—and upon investigation these gentlemen were usually found to be of the underworld. Millionaires were circularized, philanthropists were interviewed, but the results were depressingly small. There was the lady of fabulous wealth—"I have never heard of such gross impertinence; I have already assisted the Italians, and I shall now give them a second contribution".

Then one day Fielding announced a personage—"Lady Georgiana Philadelphia, of Number One hundred and forty-four Brook Street", he hesitated—"Mews, W.1".

He gave her ladyship a comfortable chair by the fire, he insinuated near her a small table on which there were pen and ink, also blotting-paper the size of a personal cheque book. There was a wicked gleam in Fielding's eye; his sense of humour was to see us through many a forlorn moment of the future.

John Melly dealt with the situation: "Our motives are humanitarian . . ."—it was our stock opening.

"My name is Lady Georgiana Philadelphia; and I wish the Emperor to have this coffee as a personal present from myself. I refuse to pay the postage, as you may well take it yourself."

Coffee for the King of Harrar—carrying coals to Newcastle. Fielding never lost his head. With supreme dignity he showed her ladyship (*sic*) out. He bowed, she bowed. Gravely he bowed again, gravely she bowed again. Would they never stop?

There was a gentleman, silver-haired, so suave, who offered us four thousand pounds a month on behalf of a well-known society, the sole condition being that he

would have "supreme business control". The well-known society knew nothing of this strange posturer.

But while there was despair in South Kensington, members of the general committee had been busy. His Grace the Archbishop of Canterbury, Lord Lothian, Lord Lugard and Mr. George Lansbury signed an appeal to the Press. Major Athill and Mr. Brackenbury were indefatigable. If there were no large sums there was a steady stream of contributions from well-wishers all over the land. A gift that touched the heart was a half-inch bandage with a message, "A crumb of comfort from Wolverhampton". The writing was odd, with no capitals; the donor was probably very poor.

The strain on John Melly's face relaxed one morning. He pointed to newspaper placards—"Peace Talks at Adua". He saw dismay on many faces.

"So much for your talk of humanitarian motives . . . you're really a lot of adventurers". He smiled.

Hard hitting, if partly true.

Came General Newman to produce order out of chaos in that office—a thankless task.

Then there were the touts of trade who, with infinite ingenuity, solicited "a little order". The more brazen touts suggested "a little private chat". Pressed for the object of this "little private chat", there would be a *solto voce* suggestion of "the splitting of commission". When bundled out of the premises these half-men would sneer, "You army men don't know the first thing about business".

But it is fair also to show the other side of the picture. Many a firm helped us by selling materially below cost price because of the worthiness of the cause.

## II. THE BRITISH RED CROSS AMALGAMATES.

In the autumn of 1935 the British Red Cross suggested an amalgamation. Their funds, added to those collected in South Kensington, made a first unit immediately possible.

The Italians had taken Adua and were advancing on Makalle. In the south there had been an advance into the Ogaden. Time was therefore an important factor, and the question of the size of the unit became of lesser consequence.

After a conference a unit establishment was decided upon. John Melly, Commandant; Macfie, Second in Command; Townshend-Stephens, Adjutant; Barkhuus, Bevan, Empey and Peverseff, medical officers and surgeons; Purves, Gatward, Dobinson and, later, de Halpert, transport officers; five British warrant officers, and dressers, askaris, lorry-drivers and camp followers to the number of one hundred.

It is idle to speak in terms of "bed accommodation",

as in practice patients were so numerous that after every bed and stretcher had been used the remainder lay in the open under blankets.

Transport consisted of sixteen 30-cwt. Bedford lorries and three Reo roadsters. One lorry was fitted with water-tanks, another with an extra dynamo capable of lighting the operating tents and the ward tents.

Lorries and stores were ready for shipment on November 15th; and personnel were to proceed overland.

Just before the unit left England the Archbishop of Canterbury expressed a desire to inspect the unit and to bless the flag. John Melly at once consented, for indeed it was a gracious thought, and the parade took place one morning in November in the quadrangle of St. Thomas's Hospital. A scratch team, this new unit, and there was an element of *opéra bouffe*, for we were bedecked in strange uniform caps and greatcoats, for cinema purposes!

Sir Arthur Stanley, the Chairman of the British Red Cross, opened the proceedings with a speech, and the Archbishop replied. Melly and the Adjutant were called up for the ceremony of the blessing of the flag, and finally His Grace spoke to each individual member of the unit.

## III. EN ROUTE.

The unit was equipped for the Southern front, where motor transport would be found particularly suitable. However, the first rude shock was the information that we would be required to serve on the northern front, as near Makalle as possible. A hurried glance at the map coupled with a knowledge of contours caused something akin to dismay. How were lorries to climb mountains ten thousand feet high without roads? Furthermore, if we were required for the northern front, why were we proceeding to Berbera for the long trek to the Ogaden? Obviously the port for the north was Djibuti, for rail to Addis Abeba, some four hundred miles distant as a base.

The proposition was unanimously turned down, and a pleasant voyage to Berbera followed. Little did we appreciate our future. At Berbera we proceeded to sort equipment and to train raw troops. The languages required were Swahili, Arabic and Urdu; to say nothing of the languages of the land, in particular, Amharic. In practice the language most effective was that unrecognized "bât", the *lingua franca* of the British Army throughout the world; and this language was rapidly assimilated from the adjutant by Empey, Bevan and others.

In Berbera the transport officers worked wonders. New engines were "run in", driving tests were arranged, and mechanical adjustments made.



Red tape in British Somaliland was firmly established—"Please comply with paragraph seven (b) of Chapter seven, part seven, of the Supplement for the Better Government of the Protectorate of British Somaliland", or words to that effect.

The first reply was to the effect that "this office" was not in possession of the Government Publication quoted above; and that in any event the unit would be out of the jurisdiction within the week.

No good—"Sir, I have the honour to transmit herewith a copy of the Supplement for the Better Government of the Protectorate of British Somaliland, the cost of which is Rupees 7 annas 8 only, for which please sign the attached form in triplicate". The prompt payment of debts by handing them over to the peon on the spot probably amounted to treason.

Melly and the Adjutant were invited to lunch with the Governor of British Somaliland at Sheikh. There was an unexplained halt as we came into view of the little hill station. Various languages were used; finally the Berbera driver explained in pigeon English, "This where all real sahibs put on trousers and coat". So we, too, aped the "real sahibs" and dressed in a manner the heat did not warrant. "Gentleman's Corner"! The Governor, Sir Alexander Lawrance, was most helpful in every way.

Before the unit left Berbera we held our first "guest night" and everything proceeded in due and proper course. It was, however, a poor return for all the hospitality we had received.

To Hargeisha by short treks, for transport purposes. The lorries still boiled upon the slightest provocation; but the heat was torrid. We crossed into Ethiopia without ceremony. The country between the frontier pylon and Jigjiga was indeed that which God, when He made the world, forgot. Somewhere we came across a stray Ethiopian soldier. His rifle was slung upside down, and he had little interest in the world at large. Perhaps he was on leave!

At Jigjiga General Nassibu greeted us. Much as he appreciated the offer of a large organization such as ours for the southern front, he really suggested we proceeded north.

"Mais pourquoi, mon General?"

"Les Italiens n'ont pas le courage d'attaquer au sud".

A little more schoolboy French was indicated:

"Mais qu'est ce qu'on peut faire avec les camions sur les montagnes?"

"Mon ami. Il y'a a maintenant la Grande Route Imperiale au Nord".

Anyway it was not on our maps!

John Melly went to Addis Abeba to discuss the

dispositions of the unit with the Minister, Sir Sidney Barton. The unit moved to Harrar to await orders.

Harrar is a walled city. A foul but interesting town. The police were in charge of seconded French officers; and strange were the tales they had to tell. Harrar is also one of the clearing-houses for the slave traffic, particularly from the Kaffa Province. Chapman Andrews was Consul at Harrar; an invidious job it proved later on.

Again the unit was inspected—by H.H. Prince Ali, the Commandant of the Egyptian Red Cross, and by the Governor of Harrar. Fortunately the inspections coincided, and Cook's Tour guides were detailed from the mess.

George Heruiy, a son of Belatingeta Heruiy, the Foreign Minister, joined us for liaison purposes. He had a difficult task—to sidetrack us from our real front, the south, to the north.

At about this time we heard of the Hoare-Laval Proposals. The repercussions were extraordinary, and Great Britain "lost face" in Ethiopia.

At Addis Abeba John Melly found a consensus of opinion that we should go north. In the first place it was the Emperor's wish. In the second place it would relieve political tension. In the third place, Brown, of the International Red Cross from Geneva, aided by the voluble, forceful and lovable Jounod (also from Geneva), would have it so.

"What about roads?"

"The Grande Route Imperiale au Nord is being constructed".

"How far can we go?"

"You can get to Dessie."

"And from Dessie?"

"We will make for fly, we will make for mule, we will make for, how you say, les ânes, we will make for anything, mon vieux. Melly—Mellee—listen to me..."

Dear old Jounod.

That man spoke several languages. Were there not Red Cross units from seven countries? But English he could not speak. "I cannot speak eet, but what can I do. I have always before my eyes the woundeds. The woundeds, mon Dieu, how they suffer. They have no any medicaments, they have no any water, they have no any foods. We must give them nourriture, we must give them medicaments."

And when he spoke like that, sweat poured from his honest face, and true sorrow was in his eyes.

"Stefen, I beg you, think of the woundeds. You have, how you say, the way; make the apologize and go to the North."

And so the unit was ordered to entrain for Addis Abeba; and without adventure a smart camp was

pitched in the British Legation grounds. More inspections—by Sir Sidney Barton and by the Crown Prince of Ethiopia.

Soon we were cheered by the news, that Canon "Dick" Sheppard's broadcast had put us beyond financial anxiety. And while their menfolk adventured in the sunshine abroad, wives were in clerical drudgery, acknowledging gifts with nothing but December fogs to lighten their day.

#### IV. NORTHERN FRONT AFTER ALL.

On Christmas Day, 1935, the unit left Addis Abeba. There were signs, but insignificant signs, of the morning after the night before, for Christmas dinner had been anticipated on Christmas Eve.

The unit was a good unit; and excepting for some grouching from the transport anent the fantastic job they had to undertake, we were all settling down. Foibles were understood and allowances made. The Kenya men were not too good, but they respected a firm hand.

Seventy-five miles from Addis Abeba to Debra Bahan on the Grande Route Imperiale au Nord—there were stretches of road here and there, but the rest went over plateau, and a sense of direction was wanted.

A pompous little man in a self-made uniform represented himself to be the Governor of Debra Bahan. His military cloak was of soldier blanket, as also the kepi; to both there was relief in the nature of jaundiced trimming. The breeches would have been turned down by an Indian syce, and the feet were bare. He demanded papers. He was given an order for groceries.

He removed his sixpenny store spectacles, so that he might see with adequacy; then he scanned the grocery items upside down.

"These figures no doubt refer to the numbers of men and to the numbers of 'babooers'?—(surely baboor is Sudani for lorry?)."

Translation was duly executed by a grinning ape of an interpreter, who gave the show away. The true and only "pass" for the unit was a two-paged document, with the Lion of Judah superimposed upon the second page. This second page the generalissimo would retain.

"You cannot have the second page; either you have the two pages or nothing?" murmured Melly.

"Haille Selassie has written to me on the second page; what do I want with the first?"

We came to the evil country, "Shola Meda", presided over by a dignitary who is truly called the "Lord of the Mud". There lorry loads are portered for miles, and lorries themselves are dragged by tow-ropes and tug-of-war teams that number anything up to fifty exhausted humans at a time.

"Halambèh!" It is a long-drawn-out cry.

"Allah!" is the reply.

"Halambèh!" The agony is intense.

"Allah!" Again. And the strain is visible.

"Halambèh! Qulu sowa sowa . . . yallah . . . yallah . . . yallah."

Officers, warrant officers and men heave until their eyes start out of their heads. Result? *Nil*.

"For God's sake take your — foot off that accelerator."

Smoke dies down. But the smell of scorched rubber persists.

"Better build up the ruts with stones."

"Brilliant! There aren't any stones for miles."

"The only thing to do is to lift the lorry up a foot and then let them haul."

"Come on then. Get stuck into it. Bunner, you take the near side party. Atkinson . . . Where the devil is Atkinson?"

"Here, sir."

"Party on the off side, and lift."

"Very good, sir." A Cumberland county player gets his back under the body of the lorry.

. . . "Well, thank God that one's away. No it isn't. But its ten yards to the good. Where are the other eighteen lorries?"

Dessie was periodically bombed. The inhabitants had become wary after the first dose of frightfulness. Sorenson, the missionary from America, was a little bitter about the bombardment of his hospital.

"Guess that's the fifth time they've bombed the Red Cross."

"A recurring accident ceases to be an accident" shrewdly observed Macfie.

"Say, Cap'n, who's this man Macfie?"

"He is one of our best men on tropical diseases."

"What, *the* Macfie?"

"I suppose so."

"And he comes trailing around Ethiopia! Its Christianity at his age. This is Doctor Stadine, Melly; he wants to borrow a doctor or two."

"With pleasure. That is to say until we move again."

Stadine had the help of all the doctors. All bomb cases. Men, women, children and babies. Later little Mrs. Stadine was killed by a stray bullet.

#### V. ON THE ROAD TO WALDIA.

The so-called road from Dessie to Waldia was reconnoitred by Gatward. He struck bad weather. A relief party went out and nearly made confusion worse confounded. The Ford V8 was in difficulties. It had not been constructed for mud, axle deep. And there

were punctures galore. What exactly happened to the puncture outfits remains to this day a mystery; but Empey overcame the difficulty with surgical plaster. So, too, how Empey got the V8 up a series of muddy hairpin bends remains a feat he can best explain. As it was, Barkhuus and the adjutant, nervous of the necessity for a second relief party, determined to march the odd twenty-five miles back to camp. After the sixteenth mile the adjutant was a hopeless washout, shivering with an ague, and unable to stand. The ague was cured by youghourt and tej, but the appearance of Empey with the V8 was welcome indeed. None the less it spoilt a memorable marathon.

Near Waldia there was a hullabaloo. Literally hundreds of men ran to intercept us. Would we wait to see Dedjasmach Gabra Mariam?

"Who is Gabra Mariam?"

"He is a great man, a very great man."

"There is only One so great that He can change the Day into the Night," said the adjutant, watching the setting sun. Travellers by night in Ethiopia seldom arrive at their destination.

"Allah," chorused the Mohammedans.

"Haille Selassie" murmured a staunch Ethiopian.

An S.O.S. arrived from Burgoyne, at Waldia, asking for immediate surgical assistance for the people of Waldia who had been bombed. It came at about 8 p.m. on January 16th. By 9 p.m. the surgical lorries were away with their personnel. At 4.30 a.m. next morning the remaining doctors crowded into the V8; and, as they left, the rest of the unit was packed ready to move.

The road was vile, the weather was vile. The only thing that cheered us was a notice stuck on a tree—"This way to Waldia. Love and kisses. John Melly."

The unit was in Waldia that evening, and the surgeons operated all night. Day after day the wounded came in. Then came the gangrene cases, men, women, children again.

Macfie also took the "out-patients". It was a miracle how he dealt with them all. And the filth of the people was indescribable—every description of vermin . . . but enough.

Melly was proud of his unit; it was justifying itself at last.

Weeks later work slacked off. "Cannot we go forward?"

"Ah, but the Grande Route Imperiale au Nord is not yet complete."

The truth was that the Great Chamberlain, Ligaba Tasau, had been giving his men too many holidays. Still, those unpaid armies deserved some relaxation. They had few tools. Much road was made by hand and by stave. There was nothing wherewith to blast;

they heated stone and threw cold water over it, hoping for a crack. There were many slaves about. Each peasant had three or four slaves; men, women and children, usually there was evidence of mutilation, possibly for venial disobedience.

## VI. INTERLUDE.

Melly and Stephens went down to Dessie to urge the Emperor in *re* the Grande Route. The Emperor gave us Veuve Cliquot for tea.

Then there was news of Llewellyn, from Kenya, who was to be base officer at Addis Abeba. The line of communication was about 400 miles to Addis Abeba, or about a thousand to the sea, and the Committee in London were exercised about supplies for this Unit "in the blue". The Committee now included Sir Harold Fawcens, General Robinson and Mr. Davies of the Red Cross—and endless work was cheerfully undertaken by Mr. Ruber, their Secretary.

The Emperor placed an aeroplane at our disposal. Unfortunately it turned out a bad business, as the aeroplane was commandeered for eight days; and the unit, without Melly and the adjutant, was consequently administratively high and dry. However, bills were paid, stores for the rains ordered, and liaison with Llewellyn effected.

There were interesting people in Addis Abeba.

The journalists, of whom there had been 120 in Addis Abeba, had thinned out. The doyen was Walter Collins, a tower of strength to Reuter; Steer of the *Times*, for whom there is a brilliant future. There was Haytor, the pilot of an ill-starred Red Cross aeroplane. It was under-powered, but Haytor refused defeat: he crashed into trees, because the accursed engine was not up to the altitude. The Lloyds were there. It takes courage for a woman to fly from Khartum to Addis Abeba "to see the war". Her monospar disliked the altitude, and there was a crash in taking off. For five days these two languished as prisoners in a filthy "Tukkul" (hut). Through the nights torches were held aloft by slaves, who were flogged if they moved. Count von Rosen, Goering's nephew so they say, the pilot of the Red Cross Fokker, had with him his pretty *fiancée*; she was an oddity, of quiet temperament and a parachutist of international fame.

Fitaaurari Babacheff had been one of Menelik's generals. He had married a woman of royal descent, and by her had one son and two daughters. The son was commodore of the now defunct Ethiopian Air Force; it was never more than a transport service. One daughter married Ras Gedatchu, and the other Dedjasmach Nassibu. The old Russian General was a

man of great charm. His house he called the "Maison de Content". The eucalyptus trees he had planted were now over 160 feet high. "For years I have been serene; I have watched the world go by. But now, there is something in my bones: I wish to fight again." He it was who disputed the oil concessions of the mysterious Mr. Ricketts.

There was a Georgian Prince who had seen better days. Years ago he had arrived with sabred out-riders. He was greeted with a gun salute. Later he became a furrier; and now he shakes the most potent cocktail in Ethiopia.

Names that recur are Balfour of the *Evening Standard*, Evelyn Waugh and Knickerbocker. A woman journalist flew back to Dessie with Melly and the adjutant. Her object was to go "as far north as any living journalist". Maybe some day she will attain her ambition.

#### VII. TO LAKE ASHANGI.

At last the infernal Route Imperiale had broken through the mountain fastnesses to the Ashangi Plateau. The unit moved from Waldia forthwith, leaving a detachment to evacuate wounded to Dessie in the three Reo lorries, now fitted to carry twenty-four lying cases.

At Alamata the first gas cases came in—mustard. Many patients suffered from mustard spray, the skull and bare back being particularly affected.

Macfie and Empey formed the advance party on Ashangi plain. On the return journey the adjutant's party was bombed. During that day fearful havoc was caused by an incessant bombardment of the roads.

The main part of the unit was attacked in rear by Ethiopian brigands (*shifta's*), and in consequence moved into the Alamata valley. The petrol supply had been cut, and the situation was none too bright.

That night the unit bivouacked on Ashangi plain.

On March 4th camp was pitched. On this occasion, instead of marking out a square camp with the usual cross roads making four "quarters", the adjutant pitched a camp along the four sides of a 50-yard hollow square. Within the square was the Red Cross ground flag, measuring 50 feet square.

At midday an Italian 3-engined plane flew over and bombed the camp severely. This piece of culture was repeated on March 5th and 6th. Very little was salvaged. Operation tents, lorries, wards and messes were blown to pieces. A subsequent visit showed 88 H.E., some 120 incendiary and 100 instantaneous fuse bombs within this camp area.

The tents were left standing on March 5th and 6th as in any event they were useless, and the repeated bombardment on these subsequent days ruled out an

Italian plea of "accident". The excuse subsequently put forward by Signor Suvitch was an odd one: we were forsooth an ammunition column, improperly using the Red Cross emblems.

In so far as was possible the unit was reorganized in the Alamata valley. The doctors were indefatigable. The British element determined to go forward and to carry on until such medical and food stores as remained were exhausted. This plan did not meet with the approval of 70% of the native personnel, who demanded repatriation on the grounds that the Red Cross emblem had not been respected. One or two argued that if they had rifles they would stay. But, on the whole, they suffered from a depressing attack of chicken liver, and few of us were sorry to see the backs of these modern gentlemen of fortune.

#### VIII. CAVE DWELLERS.

On the top of what seemed God's highest mountain there was a large cave, some 20 feet square; and this cave the Emperor was pleased to allocate to us as an operating theatre. It was bomb-proof, but hardly lice-proof; it was a sad failure as a hospital. Bevan, who once slept therein, was suspected of measles next day.

The unit now consisted of the original British personnel and a few faithful members enlisted in Addis Abeba. When we were not attending to patients we contrasted the evening peace of Lake Ashangi with the hideous gas warfare indulged in by the Italians.

The British military *attaché*, Colonel Holt, came by plane to investigate our parlous situation. He took his plane into a scrub valley, and there camouflaged it, with success.

A few days later Jounod and von Rosen flew up in the Ethiopian Red Cross Fokker plane. Their escort was a dilapidated Potes.

"Ah Stefen. Have you your nourriture, have you your medicaments?" Dear old Jounod!

"What have you done with your plane?"

"Eet, we have camouflaged by the side of the place."

"Listen!"

The drone of half a dozen aeroplanes, probably bombers.

There followed unpleasant sounds of H.E. bombs near the landing-ground—called simply by Jounod "the place". Von Rosen was well off the mark. His intention was to fly his machine off to Dessie, to return when the sun went down. From the mountain we could see the Potes burning vividly. Empey and the adjutant followed von Rosen and Jounod. When we



arrived we found they had probably put the gallant old Fokker *hors de combat* by machine-gun fire. Like children we got into the cockpit, and discussed the possibilities of getting the machine away.

"By the law of chance the blighters ought to be over again."

Yes, they were! And as we ran to distant cover we found they were fighters, intent on more machine-gun work. They were travelling very fast—so fast that we could not get to cover. But we found a narrow gully, about 18 inches wide and 18 inches deep. If it did not prove a pleasant Tuesday afternoon, it was certainly an exciting one. We jested about the Hereafter—probably from bravado. They had sighted us and gave us burst after burst, until we forgot how many times they had come.

"I'm off," said Empey; "my camera will be destroyed."

"Well, as for me, I stay where I am; for all intents and purposes dead." And because we did not move the Italians flew off to report their gallantry for the purpose of medal distribution.

There was a good deal of gas about that day. There were crocodiles of the blind. They stumbled forward, the hand of one on the shoulder of the one in front. Nothing could be done. Direct vision had been destroyed—men, women and children again.

And of these the women were brave.

After some three weeks of mountain dwelling we found the situation was truly serious. The shiftas (brigands) had become a real menace to the L. of C. And we were called upon to deal with their foul mutilations day by day.

Then there was news that Ras Kassar and Ras Seyyum had retired to Socota, their armies following as best they might. The news that Mullagetta was dead and that his army had dispersed was confirmed. Ras Gedatchu was lost in the Aussa. Reorganization was attempted at Umbalaji, and the Imperial Guard became more active at Quorem. The Emperor held council. He was advised to withdraw to a line south of Kobbo, and west thereof, there to reorganize on an extensive scale.

Haille Selassie shook his head. He ordered an advance of the Imperial Guard. Himself he led the forlorn hope. He wore the uniform of a field marshal. Round his head he wound a muffler, and thereupon he placed his forage cap. He mounted a magnificent mule, and the advance began.

Days later he suffered a shocking defeat at Maicho, south of Umbalaji. It was the beginning of the end.

His fault was that he had believed in that extinct volcano of hope, the League of Nations.

#### IX. REORGANIZATION.

Melly took his ambulance back to Dessie. Rain had interfered with the Dessie-Addis road.

Should we go on again, half equipped, with inadequate personnel? Or should we withdraw to Addis Abeba, refit and enlist sufficient dressers and drivers? Common sense gave a disappointing answer.

The internal situation of Ethiopia was poor. Ras Gabru Hayat, instead of marching north to reinforce, proved traitor. He manned the hills round Dessie, and waited for the development of pre-arranged plans with the Italians. An Italian flag was to be run up on the Dessie "Gibbi" (palace), whereupon the Italians in some thirty planes would land, and liaise with Gabru Hayat. In 1924 had not Haille Selassie, with his Shoan army, defeated the Wallo tribe north of Debra Bahan? Memories in Ethiopia are not short. Thus and thus would Gabra Hayat and the Wallo people avenge themselves upon Haille Selassie and his Shoan army.

By subterfuge the Crown Prince at Dessie induced Gabra Hayat and three dedjasmaches to discuss the matter at the Gibbi, over a glass of "tej". The four, in their cups, were chained and sent by plane to a dungeon at Addis Abeba. *Opéra bouffe* once more!

The ambulance service completed the long trek to Addis Abeba, and "began all over again". There were delays, the exasperating delays of the East. The Government was out of touch with the Emperor. The Emperor's wireless set was reported to have been captured—bad news.

It was becoming obvious that the war would be over in a matter of weeks. Bevan and Peverseff left on the expiry of their contracts. Macfie had been sick unto death in the mountains, but he volunteered to go forward again. More delays, and then Macfie and the adjutant had to leave—both ill—one still ill.

#### X. LAST DAYS.

A small unit went forward: John Melly and Empey. At Debra Bahan the news was bad. Soon the little unit was left "in the blue", and beat a hasty retreat to Addis Abeba again.

The Emperor was reported to be in Addis Abeba, defeated.

No sooner had this news come through than there was a rumour that the Emperor had left with his court for Djibouti. Then rioting broke out. European civilians went to their respective legations. The British Ambulance established itself in a house in the city . . . and carried on. Lorries went out to

collect the wounded, and the work of such as John Melly and Empey was magnificent.

John Melly was out in the Ford V8. He stopped the car to pick up a road casualty. A looter, drunk, put a pistol through the window and shot Melly in the chest.

They took Melly to the British Legation. The odds were against him. Days later he died.

Ethiopia, for him, was a self-imposed duty. He knew of war, from the last months of 1918. He hated war, as only a fastidious man can hate war. And thinking over the things he said, there is a certainty that he had a premonition of death.

Another facet to the diamond—he was intensely, but unobtrusively religious. He had faith in his God: he had faith in his cause.

"Through John Melly the lives of hundreds were saved, the sufferings of thousands mitigated."

I would that could be his epitaph; and in turn he would wish it said of the gallant doctors who worked with him.

#### XI. ENVOI.

A voluble passenger from Australia counted the miles as he trod round the decks of an Orient ship bound for England.

"Where do you hail from?"

"Ethiopia."

"Gee, I thought I knew my Bible, but I just can't place it."

"It may interest you to know that a war has been in progress there for some months . . . that a European war was barely averted."

"Well, I can't understand why you did not join us at Singapore instead of Aden."

By what processes can such a mind reason? An interesting study. Questioning elucidated the authoritative information that Ethiopia was a province of Manchukuo.

*Sic transit . . .*

### ECOLOGY IN PECKHAM.

**I**N an age of cheap superlatives it is rather difficult to explain adequately the extreme value of the Peckham experiment. In this district of London two doctors, one man and one woman, have for just over a year been running a literally unique club, the new Pioneer Health Centre.

There is no establishment like it. Therein lies the

difficulty of description. A health centre gives a picture of numerous doctors, white coats, sphygmomanometers, cubicles and rows of waiting members with statistical cards—in short something not unlike a hospital. The Centre, however, is quite unlike a hospital where treatment is given to cure or alleviate diseases, a meeting-place for ill-health, a converging point of the unfit. Organized on an entirely different conception by Dr. Scott Williamson and Dr. Innes Pearse, it is perhaps the first real scheme of preventive medicine ever set working in this country.

In the hospital the problem is to level up the negative point of health (*i. e.* disease) to the zero line (*i. e.* absence of noticeable disease). Here we have the infinitely more important process of raising the zero point to a positive state, true health, solid well-being. This is no new outlook, this awareness of the one-sidedness in the work of medical centres. What is new is the action taken by the two doctors.

The centre is a large modern club with lounges, restaurant, games tables, swimming-bath, gymnasium, children's room, theatre hall, and so on. The medical rooms are apart on the top floor, set off from the rest, significant of their subservience to normal healthy activities. The idea is roughly this:

1. To choose a district with a varied type of population.
2. To study the people as family groups in their own surroundings.
3. To give every opportunity for physical and mental development.

In 1926 the first tentative centre was opened, the spade work was done, and the experience was gained which lies behind the new modern specially constructed building at Peckham. This process and the underlying ideas are described in the book of the organizers, a work of unusual interest.\*

#### CHOICE OF THE DISTRICT.

Only two regions of London, Peckham and Fulham, show a complete representative cross-section of the people. Lambeth and Kensington, for instance, are areas of a very specialized type of inhabitant. In Peckham and Fulham every income is equally represented, every class equally distributed; of the two Peckham was chosen as the more convenient. The people were circularized and told of the new club. Thus the first membership was obtained. For it was made clear that this was a club for human activity and not just a glorified clinic. It became a centre for leisure and life outside the usually restricted activities of the home.

\* *The Case for Action.* (Faber & Faber.) 2s. 6d.

Membership was strictly limited to the inhabitants of Peckham.

#### STUDY WITHIN THE ENVIRONMENT.

The individual and his environment are inseparable. This is an emphatic point in the arguments of Dr. Pearse and Dr. Williamson. So we come to consider this analysis of the people as family groups. No separate members may join; only whole families are accepted. It is no good studying the one person, for this individual's life and outlook is closely bound up with his home and family. Again and again this is stressed in the book of the organizers. This may seem a very great stumbling-block to increased membership, actually it is not. Out of fifty cases where the family showed unwillingness to keep company with its one enthusiastic member, only one did not end by joining.

On enrolling, each member has a complete medical overhaul. Such an examination gives valuable data, which is filed for future use. But, more than that, it shows up the hidden states of disease or precursors of disease perhaps ten years before they would, in the ordinary course of events, reach a doctor's consulting-room.

Furthermore the Centre becomes a main part in the social life of members. Ample opportunity is afforded for making observations to supplement those gathered in the consulting-room. The doctors, moving freely among the people, are able to detect small signs, bad habits, physical or psychological maladjustments which seem trifling to the individual concerned (if he notices them at all), but whose cumulative effects would prove disastrous. But they do not in general give treatment. They act merely as discreet advisers, presenting the facts before the member and, if necessary, suggesting a course of action. The rest is left to the member.

To understand properly the spirit of the observation on members one should see the building. A large swimming-pool forms the centre, separated from the lounge and cafeteria, from the small theatre and gymnasium by glass walls. The whole is oddly suggestive of the glass cages of the entomologists, the laboratory in which the scientist sits back and watches the antics and habits of his specimens. This is hardly an exaggeration; the doctors keep an eye on the freely-moving members. They know them personally and can follow their reactions towards one another. It is not a case of sinister spying, nor of a prying attempt to control the members' movements. It is pure science—the notation of data before a working hypothesis can be formulated. Ecology on the human scale it may be called. The organizers are far removed from the alleged scientists who start a centre for the purpose of

putting a pet theory into practice. They wish to learn, and they admit that the whole is still an experiment, of which the result cannot yet be definitely foreseen.

#### THE BACKGROUND AND THE ACTION.

Thirdly there is the encouragement of physical and mental development. As the surroundings play such an important role, it is best to describe shortly the chief constructional features of the Pioneer Health Centre. It has been built after much planning and experimenting, and is entirely modern. Not modern in what one critic has referred to as the "Neo-Marzipan" style, but modern in the sense that it has been designed more with regard to function than to appearances.

As a result the first view is somewhat disappointing to the uninitiated. There are, for instance, no imposing front gates or wide stairway. Entry has to be diligently sought for by a side door, and the stairs are rather bare stone structures running up at each end of the building. For, after all, people do not live or are not sociable in front doors or staircases; these are merely means to an end. All the valuable space and creative energy has been given to the important parts, such as the lounge or gymnasium. And these are really magnificent with their wide spacious floors, high roofs and transparent walls. The walls separating the halls from the outside have the minimum of masonry; practically the whole is made of huge sliding windows which can be thrown open in fine weather. Hygienic and psychological care has been taken in every detail. In the cafeteria with its inexpensive and efficient system of self-service, the crockery has been specially designed, such as cup and saucer and plate combined, or machinery which automatically pours out just the right amount of milk or beer for one portion; the chairs and tables have been deliberately shaped to give the greatest comfort in the least possible room. The changing-rooms have sterilized towels in rolls of twenty-five yards, so arranged that no part is used twice, and the showers are unavoidable on the way to the baths. Shallow bays break up the angularity of the lounge, and encourage natural congregation into groups without suggesting the separation of people into cliques. Between the glass-lined cafeteria and lounge is the big swimming-pool, through which the sun's rays can penetrate to the most distant end of the floor. One can, for instance, be having a meal while looking through the swimming-pool into the lounge on the opposite side and so through the windows to the trees and sun outside. The games room, lecture hall and gymnasium are similarly glass-viewed from the main halls.

All this provides the background for the free living of

the members. Their activities are run by themselves; most of the clubs, dances, meetings, and classes come from the initial suggestion and initiative of the members. The importance of the social side is immense. A district like Peckham can contain many hundreds of neighbours who never co-operate or get to know each other. The club, by throwing these people together, not only widens their interest, but provides a solidarity, a centre for exchange of ideas, advice and experience.

The cost to each family is small—one shilling a week. In addition, children of the family who are over sixteen years old pay an extra weekly sixpence. There are no other costs, except in some cases for equipment.

#### MEDICAL OBSERVATIONS AND CONCLUSIONS.

Meanwhile the medical staff have been correlating and studying their data. The routine survey of each individual is two-fold. First a physiological examination in the laboratory. This gives a background for the second part, which is a consultation for general overhaul. After each member of the family has been so examined the whole family may be brought together for a general discussion on health matters. To these two a third more subtle examination may be added, that of watching the life of the person. Thus each member is surveyed from three overlapping points of view:

1. The materials of the body (laboratory tests).
2. The utilization of these materials in the working of the body (consultation room examinations and discussions).
3. The working of the individual as a human being (observation in the centre).

As every age, class and income are represented these data are of obvious value. They are so far not completely encouraging. Nutritional deficiency is very widespread—a chronic state in many people who have learnt to survive upon a minimum from birth upwards. This deficiency is transmitted to the children, and is not easy to eradicate. One can remedy it, but only temporarily, during treatment. It is not the deficiency which is the most important factor, but the failure to elaborate the mechanism for accumulating reserves of any substance. Out of 1200 people examined during the first eight months, about 400 were referred for treatment.

The Centre is working not only to alleviate these states of sickness, but mainly on the problem of finding the necessary equipment and technique for maintenance of the fitness of the environment for the family. The amenities of the Centre provide part of the answer. The most unlikely people take up gymnastics and

swimming with a regularity and enthusiasm that has amazed the doctors.

Again the new social intercourse is of immense value for the spreading of medical propaganda. In their book the organizers give a very good example. They wished to establish a reasonable outlook towards the immunization and protection against diphtheria. A general lecture to the members would have suggested compulsion, and the notion of conferring a favour on the doctors by taking advantage of the facilities offered.

One mother, however, was selected as a medium for the campaign. She was intelligent, and had some years previously lost one child from diphtheria. She was told how she could protect her other delicate child, and was left to talk it over with her husband. However, she did more; she related in her own words all she had learnt to her friends in the club-rooms. So the news gradually spread through the mouths of the mothers, and within one month nearly all the children needing immunization had availed themselves of the opportunity their membership gave them.

As yet no conclusion will be given by Dr. Innes Pearse or Dr. Scott Williamson. They are still studying and encouraging their specimens, and will not admit that there has been time for any definite pronouncements.

The Centre is exhilarating in idea as it is in construction and detail. It is a biological revolution, a brilliant concept carried out with scientific perfection, an example of forethought and intelligence to the present students of medicine. It is now for them to investigate for themselves, draw their own conclusions and act accordingly.

A. S. PLAYFAIR.

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## STUDENTS' UNION.

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### ATHLETIC CLUB.

#### ANNUAL SPORTS.

The Athletic Club held its Fifty-third Meeting on Saturday, May 9th, at Winchmore Hill. The weather was fine but cold, and as a result the attendance was poor. The programme was run off to time, but the number of competitors taking part was disappointing.

The outstanding performers of the day were G. A. Beck, who won the quarter-mile, one mile, three miles, and half-mile handicap from scratch. In the shorter distances T. L. Benson won the 100 yards, 220 yards, and 120 yards Handicap from scratch. G. L. Way won the 120 yards, Throwing the Discus and Putting the Weight.

At the conclusion of the Meeting Mrs. Girling Ball presented the prizes, and we take this opportunity of expressing our thanks both to her and to those officials who helped to make the Meeting a success. The Club Captain, D. B. Fraser, was unfortunately not able to compete as he had undergone a small operation.



## RESULTS.

100 Yards: 1, T. L. Benson; 2, A. I. Ward. Time  $10\frac{1}{2}$  sec.  
 220 Yards: 1, T. L. Benson; 2, A. I. Ward. Time  $24\frac{3}{4}$  sec.  
 440 Yards: 1, G. A. Beck; 2, H. Bevan Jones. Time  $56\frac{1}{2}$  sec.  
 1 Mile: 1, G. A. Beck; 2, H. B. Lee. Time 5 min. 2 sec.  
 3 Mile: 1, G. A. Beck; 2, H. Bevan Jones. Time, 16 min. 4 sec.  
 120 Yards Handicap: 1, T. L. Benson (scratch); 2, G. A. S. Akeroyd (4 yds.).  
 880 Yards Handicap: 1, G. A. Beck (scratch); 2, H. B. Lee (40 yds.). Time 2 min.  $8\frac{3}{4}$  sec.  
 120 Yards Hurdles: 1, G. L. Way; 2, N. P. Shields. Time,  $17\frac{1}{2}$  sec.  
 High Jump: 1, D. S. Morris; 2 (equal), N. P. Shields, G. L. Way. Height 5 ft. 2 in.  
 Long Jump: 1, A. I. Ward; 2, G. A. S. Akeroyd. Distance, 21 ft.  $6\frac{1}{2}$  in.  
 Putting the Weight: 1, G. L. Way; 2, A. R. P. Ellis. Distance, 34 ft.  $5\frac{1}{2}$  in.  
 Throwing the Discus: 1, G. L. Way; 2, C. M. Dransfield. Distance, 75 ft.  $9\frac{1}{2}$  in.  
 Throwing the Javelin: 1, A. R. P. Ellis; 2, C. M. Dransfield. Distance, 141 ft.  $7\frac{1}{2}$  in.  
 Pole Vault: 1, N. P. Shields; 2, T. L. Benson. Height, 9 ft. 6 in.  
 Houseman's 100: 1, J. S. Cookson; 2, G. Dalley. Time  $11\frac{1}{2}$  sec.  
 Inter-Club Relay: 1, Rugger "B" XV; 2, Veterans; 3, Rugger "A" XV.

## INTER-HOSPITALS SPORTS.

The United Hospitals Annual Sports were held on Wednesday, May 20th, at the Duke of York's Headquarters, Sloane Square, and resulted in a win for Guy's. There was an exciting struggle for second place. St. Bart's and St. Thomas's were just ahead of St. Mary's with the final event, the Relay Race, to be decided.

Lovelock ran a splendid  $\frac{1}{4}$  mile for St. Mary's, giving them a 20 yard lead, which the St. Mary's team held to the finish in spite of a gallant effort by the Bart.'s team (G. A. Beck, H. Bevan Jones, T. L. Benson and A. I. Ward), which ran into second place.

The Final Placings for the Inter-Hospitals Challenge Shield were: 1st, Guy's (45 pts.); 2nd, St. Mary's (29 pts.); 3rd (equal, St. Bart.'s and St. Thomas's (28 pts.).

A. R. P. Ellis in the Javelin Event with a record Throw of 161 ft.  $6\frac{1}{2}$  in. was awarded the Princess Marie Louise Cup for the best individual performance of the day.

## RESULTS.

100 Yards: 1, E. I. Davis (Guy's); 2, H. J. Keigwin (St. Mary's); 3, A. I. Ward (Bart.'s). 3 yds.; 1 yd. Time,  $10\frac{3}{4}$  sec.  
 High Jump: 1, J. O. Fielding (St. Thomas's), 5 ft.  $3\frac{1}{2}$  in.; 2, D. S. Morris (Bart.'s), 5 ft.  $1\frac{1}{2}$  in. (after jump-off); 3, L. C. B. Revell (Guy's), 5 ft.  $1\frac{1}{2}$  in.  
 $\frac{1}{4}$  Mile: 1, D. M. Douglas (Guy's); 2, A. Watts (Westminster); 3, A. W. Frankland (St. Mary's), 15 yds.; 8 yds. Time, 2 mins.  $4\frac{1}{2}$  sec.  
 220 Yards: 1, E. I. Davis (Guy's); 2, R. W. Harvey (Guy's); 3, H. I. Keigwin (St. Mary's). 7 yds.; 4 yds. Time  $22\frac{3}{4}$  sec.  
 Long Jump: 1, E. I. Davis (Guy's), 21 ft.  $4\frac{1}{2}$  in.; 2, A. I. Ward (Bart.'s), 20 ft. 10 in.; 3, P. Harvey (Guy's), 20 ft. 3 in.  
 120 Yards Hurdles: 1, P. H. Garrard (Middlesex); 2, E. R. Keyworth (St. Mary's); 3, J. O. Fielding (St. Thomas's). 2 yds.; bad third. Time,  $16\frac{1}{2}$  sec.  
 Throwing the Javelin: 1, A. R. P. Ellis (Bart.'s), 161 ft.  $6\frac{1}{2}$  in. (record); 2, C. M. Dransfield (Bart.'s), 141 ft.; 3, S. Ras (St. Mary's), 140 ft. 2 in.  
 440 Yards: dead-heat, R. A. Palmer (King's) and G. O'Gorman (Guy's); 3, F. R. Park (London). Time  $52\frac{1}{2}$  sec.  
 Putting the Weight: 1, A. J. Martin (St. Thomas's), 41 ft.  $9\frac{1}{2}$  in. (record); 2, B. L. Prendergast (St. Mary's), 40 ft.  $6\frac{1}{2}$  in.; 3, C. J. Hodson (St. Mary's), 35 ft. 9 in.  
 440 Yards Hurdles: 1, T. Norman (St. Thomas's); 2, K. N. Lloyd (London); 3, R. A. Palmer (King's). 12 yds.; same. Time, 59 sec.  
 Pole Vault: 1, N. P. Shields (Bart.'s), 10 ft.; 2, A. Davis (St. Thomas's) 8 ft. 6 in.; 3, C. M. Squire (St. Mary's), 8 ft. 3 in.

1 Mile: 1, J. E. Lovelock (St. Mary's); 2, C. I. Murphie (King's); 3, A. E. J. Etheridge (Guy's). 12 yds.; 15 yds. Time, 4 min.  $42\frac{1}{2}$  sec.

Tug-of-War: St. Thomas's beat Guy's, 2—0.

1 Mile Medley Relay: 1, St. Mary's (J. E. Lovelock, H. J. Keigwin, C. N. Gosse and D. S. Foster); 2, Guy's; 3, Bart.'s. 14 yds.; 10 yds. Time 3 min.  $48\frac{3}{4}$  sec.

3 Miles: 1, C. I. Murphie (King's); 2, A. E. J. Etheridge (Guy's); 3, G. A. Beck (Bart.'s).

## ST. BARTHOLOMEW'S HOSPITAL ATHLETIC CLUB v. READING UNIVERSITY ATHLETIC CLUB.

Run at Reading on June 22nd.

## RESULTS.

100 Yards: 1, A. Wallace (Reading); 2, K. Butler (Bart.'s); 3, T. L. Benson (Bart.'s). Time,  $10\cdot2$  sec.  
 220 Yards: 1, A. I. Ward (Bart.'s); 2, T. L. Benson; 3, C. H. Carlett (Reading). Time,  $23\cdot4$  sec.  
 440 Yards: 1, J. W. Perrott (Bart.'s); 2, G. Halliday (Reading); 3, K. Butler. Time,  $54\cdot2$  sec.  
 1 Mile: 1, G. A. Beck (Bart.'s); 2, J. B. Shearn (Reading); 3, C. M. Denyer (Reading). Time, 4 min.  $49\cdot6$  sec.  
 High Jump: 1, J. B. Shearn; 2, A. I. Ward; 3, G. L. Way (Bart.'s). Height, 5 ft. 2 in.  
 Long Jump: 1, A. I. Ward; 2, T. L. Benson; 3, J. B. Shearn. Distance, 21 ft. 5 in.  
 Throwing the Javelin: 1, J. D. Wright (Reading); 2, I. McFarlane (Reading); 3, G. Dalley (Bart.'s). Distance, 144 ft. 11 in.  
 Putting the Weight: 1, G. L. Way; 2, J. D. Wright; 3, I. McFarlane. Distance, 35 ft. 4 in.  
 Throwing the Discus: 1, J. D. Wright; 2, I. McFarlane; 3, G. L. Way.  
 1 Mile Relay: 1, Bart.'s (G. A. Beck,  $\frac{1}{4}$  mile; A. I. Ward, 220 yds.; K. Butler, 220 yds.; J. W. Perrott, 440 yds.); 2, Reading.

## SWIMMING CLUB.

The United Hospital Swimming Club Gala was held on July 4th in the Marshall Street Baths. As usual, Bart.'s had a promising team entered, which succeeded in retrieving the swimming cup from St. Mary's, last year's winners.

In the diving, D. G. Evans made a strong bid, coming in second, by a small margin, to Parsons (Westminster), who won last year.

In the 100 yards free-style, R. J. C. Sutton and J. C. Newbold came first and second respectively; and Sutton completed his double again by winning the 50 yards; Guy's gaining second and third places, Newbold being fourth. In the six aside team race Guy's, with a very even strong team, beat us, Bart.'s coming second. Sutton, Newbold, T. O. McKane and H. G. Singer swam very well to win the four aside Relay Race from Guy's. The Medley Race we held, too, Newbold and Vartan swimming backstroke, C. M. Dransfield and Sutton breast-stroke. Sutton made a fine burst to win a close finish, with St. Mary's second.

The final points were Bart.'s 97, Guy's 60, St. Mary's 33: a sound margin for Bart.'s to regain the cup.

The Nurses' Races provided keen struggles, amid vociferous support, and it seems a pity that Bart.'s are unable to enter a team in that sphere. Members of the Greenwich Swimming Club aroused great applause by their hair-raising acrobatic diving, and their final comic "flight" was much appreciated.

Bart.'s supplied four of the U.H.S.C. polo team, Sutton, Newbold, Vartan and Dransfield, who beat the Metropolitan Police handsomely.

The Inter-hospital Water-polo League has ended in the invidious position of a draw between Bart.'s, Mary's and Guy's. It is hoped that a more satisfactory conclusion will be achieved by playing it out in September.

In conclusion, we should like to offer our hearty congratulations to R. J. C. Sutton on captaining the British Water-Polo team at the Olympic Games in Berlin.

## COLLEGE APPEAL FUND.

## SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff . . . . .	13,510	6	4	(80)
Demonstrators . . . . .	1,774	17	0	(72)
Students . . . . .	1,254	13	1	(325)
Old Bart.'s men:				†
‡Bedfordshire . . . . .	45	18	6	(9)
Berkshire . . . . .	123	3	0	(16)
‡Buckinghamshire . . . . .	82	4	0	(15)
‡Cambridgeshire . . . . .	194	6	0	(18)
‡Cheshire . . . . .	6	16	6	(3)
‡Cornwall . . . . .	22	12	0	(8)
Cumberland . . . . .	5	0	0	(1)
Derbyshire . . . . .	19	14	0	(4)
‡Devonshire . . . . .	575	1	0	(54)
‡Dorset . . . . .	77	11	6	(14)
‡Durham . . . . .	17	7	0	(4)
Essex . . . . .	267	3	6	(23)
‡Gloucestershire . . . . .	257	5	6	(29)
Hampshire . . . . .	1,517	4	6	(59)
‡Herefordshire . . . . .	17	12	0	(4)
Hertfordshire . . . . .	91	18	0	(19)
Huntingdonshire . . . . .	5	5	0	(1)
Isle of Wight . . . . .	191	13	0	(13)
‡Kent . . . . .	588	5	0	(72)
‡Lancashire . . . . .	127	14	6	(16)
Leicestershire . . . . .	142	0	0	(8)
‡Lincolnshire . . . . .	61	9	0	(18)
‡Middlesex . . . . .	497	14	0	(34)
‡Norfolk . . . . .	178	0	6	(21)
‡Northamptonshire . . . . .	59	14	6	(6)
‡Northumberland . . . . .	101	1	0	(2)
‡Nottinghamshire . . . . .	24	3	0	(5)
‡Oxfordshire . . . . .	231	15	0	(22)
Rutland . . . . .	1	1	0	(1)
Shropshire . . . . .	38	1	0	(10)
‡Somersetshire . . . . .	2,837	6	4	(28)
Staffordshire . . . . .	194	18	0	(6)
‡Suffolk . . . . .	331	0	6	(26)
Surrey . . . . .	523	18	6	(62)
Sussex . . . . .	752	4	6	(63)
‡Warwickshire . . . . .	214	19	0	(24)
Westmorland . . . . .	2	10	0	(1)
‡Wiltshire . . . . .	1011	12	0	(13)
‡Worcestershire . . . . .	161	1	6	(25)
‡Yorkshire . . . . .	350	3	6	(29)
Wales . . . . .	69	12	0	(20)
London . . . . .	6,851	5	2	(228)
Channel Islands . . . . .	20	0	0	(2)
Scotland . . . . .	15	5	0	(5)
Abroad . . . . .	119	1	0	(13)
South Africa . . . . .	376	15	6	(20)
Canada . . . . .	114	3	6	(8)
East Africa . . . . .	87	12	0	(10)
West Africa . . . . .	146	10	0	(5)
India . . . . .	207	12	0	(13)
Ireland . . . . .	25	4	0	(4)
North Africa . . . . .	1	0	0	(1)
North Borneo . . . . .	10	10	0	(1)
Australia . . . . .	122	2	0	(6)
China . . . . .	52	8	4	(9)
Siam . . . . .	10	0	0	(1)
France . . . . .	50	0	0	(1)
British West Indies . . . . .	65	8	0	(7)
Straits Settlements . . . . .	7	1	0	(3)
New Zealand . . . . .	6	1	0	(3)
Services . . . . .	654	14	6	(49)
Others . . . . .	71,398	9	7	(569)
Lord Mayor's Appeal . . . . .	17,990	16	0	
Funds of College . . . . .	8,000	0	0	
Value of Building . . . . .	20,000	0	0	
Loan . . . . .	20,000	0	0	
Stock Sold . . . . .	4,061	0	0	

£178,950 14 4

\* Number of Bart.'s men subscribing. † Number of Bart.'s men in County. ‡ Counties with Secretaries.

## REVIEWS.

TEXTBOOK OF PATHOLOGY. By Sir ROBERT MUIR, F.R.S. Fourth edition. (London: Edward Arnold, 1936.) Pp. vii + 994. Price 35s.

The industry of pathologists at an age when they might well be expected to be relaxing from their scientific work is remarkable. At the beginning of this year Prof. Ludwig Aschoff, at the age of 70, issued the eighth edition of his *Pathologische Anatomie*, and now Sir Robert Muir is producing the fourth edition of his *Textbook* at 72. And this is right, for the standard textbooks should be written by men of experience who will not be carried away by the modish theories of the day, but can assess fairly the merits of new findings and ideas in relation to those abandoned in the past. Of course there is the danger that Osler spoke of in the "Fixed Period" . . . "on the contrary, often the mind grows clearer and the memory more retentive, but the change is seen in a weakened receptivity and in an inability to adapt oneself to an altered intellectual environment . . ." But Sir Robert Muir has followed the good example of Hermippus and "W.O." himself, and in almost every chapter of this new edition of the *Textbook* will be found a mention of some very recent advance in pathology.

The arrangement made in the previous editions, of a shortish section on general pathological processes and the rest of the book dealing with the special pathology of the various systems, has been maintained, but the whole book has been virtually rewritten since the edition of 1933. Two excellent features are the references and illustrations. Instead of the almost entirely useless (to the student) German habit of giving at the end of each chapter an enormous list of references with no distinction as to merit, Sir Robert Muir just gives an occasional reference to a really good article or book in which the subject is dealt with more fully and which the student can read if he is interested; further, in the index, heavy type is employed to indicate the main description. There are nearly 600 illustrations, and they are all excellent photographs, either of specimens or microscopic preparations, and although photographs may not look so elegant as the more fanciful drawings, yet they are accurate representations of what one sees at the post-mortem room or under the microscope, and therefore the more useful.

In the text there are many points to be commended. In the general pathology the section on pigmentation is excellent, including a description of the admirable experiments performed by Sir Robert Muir and Dr. Niven in 1935, demonstrating the intracellular formation of hæmatoidin in tissue macrophages. The theories and experimental work in tumour-formation is briefly but clearly dealt with, and a wise section on the relation of tumours to radiation points out that malignant cells are no more sensitive than a normal cell of the same degree of differentiation.

In the special pathology clinical points are often brought in in a practical manner, such as the inclusion of electrocardiograms when discussing lesions of the conducting septum. Pulmonary tuberculosis, so often treated in a muddling way, is made very clear here, and the views of the Continental and English schools as to the healed Ghon's focus fairly put. The terminology in nephritis corresponds with that of the simplified Russell classification, and it is to be hoped that such terms as "large white kidney", which is never mentioned in this textbook, will soon be forgotten altogether. The sections on the nervous system and endocrine glands are particularly well done, and even such recent work as that of Crooke on the hyaline change found in the pituitary basophile cells in Cushing's syndrome is mentioned. Naturally in the revision of so large a book occasional sections get left high and dry, which explains the fact that in the section on endotheliomata, are grouped together true endotheliomata, mesotheliomata, certain of the retotheliomata and meningiomata; elsewhere the survival of the term "myeloid sarcoma" for the giant-cell tumour of bone or osteoclastoma. Further, there are one or two misprints, such as "plegmasia" on p. 877, which will doubtless be corrected in the next issue.

One is often asked to recommend a good book on "Surgical Pathology". There is no such thing as "surgical pathology". It is a survival of the days before pathologists as such existed, and pathology was taught, often excellently, by clinicians. Naturally there was a subdivision between the surgeons and the physicians, and this period produced such masterpieces as Paget's *Surgical Pathology*, but nowadays a student will find a better account of wound healing, repair of bone and disease of the breast in Sir Robert Muir's textbook than any book labelled "Surgical Pathology".

A complaint sometimes heard of the older editions of this textbook was that it was heavy reading, and though it is true that it

has not that slick showmanship of style of many of the trans-Atlantic books, yet it is infinitely sounder and is written and spelt in English, which cannot be said of most of the American ones. Many students will be starting their clinical work next month, and to them and anyone else desiring a first-class book on pathology, Sir Robert Muir's textbook can be strongly recommended.

APPLIED PHYSIOLOGY. By SAMSON WRIGHT, M.D., F.R.C.P. Sixth edition. (Humphrey Milford, Oxford University Press, 1936.) Pp. 686. Figs. 282. Price 20s.

It is two years since the last edition of *Applied Physiology* appeared, though there have been two reprints of the fifth edition in the interval. Physiology probably advances with greater strides than any of its sister subjects; indeed, it has been said that a text-book of physiology must be out of date before its publication. This may be an exaggeration, but a glance at the preface to this new edition will show some of the "recent advances" that have been incorporated in it. Mainly these centre round localization of function in the brain, hormones, with special reference to the reproductive cycle, certain aspects of the cardio-respiratory mechanisms and the chemistry of muscle.

The book continues to increase in size—inevitable perhaps, but nevertheless a pity—and there are nearly a hundred more (and mostly excellent) diagrams and figures. The author continues to stress the *applied* nature of the physiology and he may do so with justification, for it is no secret that this book is almost as valuable a text-book of medicine as it is of physiology. He pleads for closer co-operation between physiologists and clinical teachers, which should be easy to attain in a teaching hospital.

We give this new edition our strongest recommendation, firmly convinced that as a text-book of physiology it is in a class by itself.

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- BLOMFIELD, DOUGLAS, M.B. See SLOT and BLOMFIELD.  
 BRODRIBB, H. S., B.M. (and CULLINAN, E. R., M.D.). "A Simple Test for Latent Jaundice." *Lancet*, May 30th, 1936.  
 BURROWS, HAROLD, C.B.E., M.B., F.R.C.S. *The Muscular System*. 3rd edition. London: Faber & Faber, 1936.  
 CASTLEDEN, L. I. M., M.D. (FLETCHER, H. N., and L. I. M. C.). "Three Cases of Duodenal Diverticulum Removed by Operation." *British Journal of Surgery*, April, 1936.  
 COCKAYNE, E. A., M.D., F.R.C.P. "Pyrexia of Obscure Origin in Children." *Clinical Journal*, May, 1936.  
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- MAXWELL, JAMES, M.D., F.R.C.P. "Analysis of the Asthmatic Patient." *British Medical Journal*, May 2nd, 1936.  
 ——— "Intestinal Tuberculosis." *Tubercle*, May, 1936.  
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 ——— "Ipsissima Verba. X: A Case of Acute Perforative Appendicitis." *British Journal of Surgery*, July, 1936.  
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 ——— "Eczema and its Treatment." *Practitioner*, May, 1936.  
 SCOTT, H. HAROLD, M.D., M.R.C.P., D.T.M.&H.Camb. "Tuberculosis with Relation to Meningitis, Particularly as Regards Children." *Tubercle*, May, 1936.  
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 STUART-HARRIS, C. H., M.D., M.R.C.P. (WILSON SMITH, M.D., and C. H. S.-H.). "Influenza Infection of Man from the Ferret." *Lancet*, July 18th, 1936.  
 THEOBALD, G. W., M.D., F.C.O.G. "Centres in the Hypothalamus Controlling Menstruation, Ovulation, Pregnancy and Parturition." *British Medical Journal*, May 23rd, 1936.  
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 WATKYN-THOMAS, F. W., F.R.C.S. "The Treatment of Petrositis." *Proceedings of the Royal Society of Medicine*, January, 1936.  
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 ——— "Hæmorrhagic Telangiectasia of the Osler Type: 'Telangiectatic Dysplasia'." *British Journal of Dermatology and Syphilis*, April, 1936.  
 ——— (and SCHWARZ, E., M.D.). "Hereditary Large Parietal Foramina." *British Journal of Dermatology and Syphilis*, December, 1935.  
 ——— (and SCHULTER, A., M.D.). "Systematised Interlobular (Portal) Infiltration of the Liver with Lymphocyte-like Cells." *Lancet*, May 16th, 1936.  
 WITTS, Prof. L. J., M.D., F.R.C.P. "The Paroxysmal Hæmoglobinurias." *Lancet*, July 18th, 1936.  
 ——— "The Prophylaxis and Treatment of Agranulocytosis." *British Medical Journal*, May 23rd, 1936.  
 ——— and LEVITT, W. M., M.D. "Treatment of the Leukæmias." *British Medical Journal*, April 11th, 1936.  
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 YATES, A. LOWNDES, M.C., M.D., F.R.C.S. "Myxochondroma of the Nasopharynx." *Proceedings of the Royal Society of Medicine*, December, 1935.  
 ——— "The Anatomy of the Middle Ear." *Proceedings of the Royal Society of Medicine*, May, 1936.



## EXAMINATIONS, ETC.

## University of Oxford.

The following degrees have been conferred :

**B.M.**—Dawson Grove, A. W., Fraser, D. B., Morse, P. W., Tuckwell, E. G.

## University of Cambridge.

The following degrees have been conferred :

**M.D.**—Evans, L. P. J., Nicholson, B. C.

**M.B.**—Buckland, H. S., Daniel, T. M., Paterson, J. F.

**B.Chir.**—David, J. E. A., Fraser, A. C., Maddox, F. C., Newbold, J. C., Parks, J. W., Swain, R. H. A.

## University of London.

## M.D. Examination, July, 1936.

**Branch I (Medicine).**—Marwood, S. F., Roberts, L. O.

## First Examination for Medical Degrees, July, 1936.

Anderson, A. W., Bates, M., Beeston, J., Bell, R. C., Bhargava, K. P., Brown, K. T., Cooper, C. F., Evans, J. W. G., Harland, D. H. C., Hogarth, R. C., Klidjian, A., Long, D., Loughborough, J. D., Lyon, W. C., McCready, I. A. J., MacDougall, I. P. M., Morris, D. S., O'Carroll, C. B., Purcell, S. D., Rosten, M., Sandiford, R. H., Schofield, R. D. W., Simmonds, W. B. G., Sinha, K. N., Thompson, M. R., Vickery, K. O. A., Vincent, H. R., Walters, F. J. H., Webb, E. J. E., Wild, A. M., Williams, G. T. S., Williams, T. M., Winocour, G., Zibli, J. H. S.

## Second Examination for Medical Degrees, July, 1936.

**Part I.**—Acres, G. C., Bachmann, P. A., Beeston, J., Bernstein, I. J., Boyle, D., Bromley, W. A., Butterworth, R. F., Cooper, E. J. F., Cooper, R. S., Davies, T. M., Ellis, R. E., Golden, M. B. H., Hambly, T., Hinds, S. J., Horton, J. A. G., Jackson, B., Jacobs, J., John, A. O., Johnson, P. F., King, H., McNair, T. E. L. J., Meyer, I. H., Miller, J. E., Morgan, J. E., Phillips, H. T., Slowe, J. J., Stone, P. H. D., Sullivan, B., Thomas, E. G., Trevan, D. J., Upshon, H. M., Vickery, K. O. A., Williams, G. T. S.

## Royal Colleges of Physicians and Surgeons.

The following Diplomas have been granted :

**D.P.H.**—Cooper, W. F.

**D.T.M. & H.**—Fernandes, H. P., Nairac, M. L.

**D.P.M.**—Burrows, T. E., Cuthbert, T. M.

**D.A.**—Rice, R. A. C.

## British College of Obstetricians and Gynaecologists.

The following has been admitted to the **Membership** :

Jeaffreson, B. L.

The following have been elected to the **Membership** :

Abernethy, D. A., Rosser, E. ap I., Sugden, E. C.

## Conjoint Examination Board.

## Final Examination, July, 1936.

The following students have completed the Examinations for the Diplomas of **M.R.C.S.**, **L.R.C.P.**, and have had the Diplomas conferred on them :

Baker, F. J. S., Beckett, F. G. A., Bickford, B. J., Brentnall, G. C., Butt, J. T. H., Cobb, W. A., Cochrane, J. W. C., Dale, L. F., Dubash, J. J., Fraser, D. B., Gomez, A., Hamiduddin, K., Hollands, F. G., Kinneer, A. I., Ledward, A. D., Newbold, J. C., Rosten, B. M. D., Sarwal, I. C., Shemilt, W. P., Smyth, E. H. J., Stoddart, W., Taylor, W. J. J., Wright, P. M.

## Society of Apothecaries of London.

## Final Examination, July, 1936.

**Medicine and Forensic Medicine.**—Bird, G. E. N.

**Midwifery.**—Mills, C. W.

## CHANGES OF ADDRESS.

**BRIGGS**, G. D. S., 128, Harley Street, W. 1. (Tel. Welbeck 4368.)

**CALVERLEY**, J. E. G., 36, Hurlingham Court, S.W. 6.

**CAPPER**, W. M., Bristol Royal Infirmary, Bristol.

**DARLEY**, W. W., 334, Wickham Road, Shirley, Croydon.

**DARMADY**, E. M., 8, St. Loo Mansions, Flood Street, Chelsea, S.W. 3.

(Tel. Flaxman 6004.)

**GRANT**, M. F., Bredon House, Bredon, Tewkesbury.

## APPOINTMENTS.

**CAPPER**, W. M., F.R.C.S., appointed Resident Surgical Officer to the Bristol Royal Infirmary.

**CLARK**, A., M.D., M.R.C.P., appointed Tuberculosis Officer to the County of Dorset.

## BIRTHS.

**CROOKS**.—On July 30th, 1936, at 46, Harley Street, W. 1, to Irene, wife of James Crooks, F.R.C.S.—a daughter.

**DODD**.—On June 28th, 1936, to Cicely (*née* Tweddell), wife of Dr. T. A. Dodd, Tyneham House, Christchurch, Hampshire—a son.

**LITTLE**.—On August 11th, 1936, at The Shearwood Road Nursing Home, Sheffield, to Megan (*née* Evans-George), wife of George S. R. Little, M.R.C.S., L.R.C.P., of Worksop, Notts—a son (David).

## MARRIAGES.

**HOGG**—MOULSDALE.—On July 30th, 1936, in London, James Cecil Hogg, F.R.C.S., to Mollie Mouldsdales, daughter of the late James Dalby and of Mrs. Dalby, of Rock Ferry, Cheshire.

**HULBERT**—GRAZEBROOK.—On July 30th, 1936, at St. George's, Hanover Square, by the Rev. A. P. Shepherd, D.D., assisted by the Rev. H. C. Montgomery-Campbell, Norman George, younger son of Lt.-Col. and Mrs. J. G. Hulbert, of Hartley Wintney, Hants, to Joan, elder daughter of Mr. and Mrs. Owen Grazebrook, of Himley House, near Dudley.

**KERR**—DREWITT.—On August 10th, 1936, quietly, at St. Stephen's Church, Twickenham, John Norman Kerr, M.D., to I. V. Evelyn E. Drewitt, daughter of Mr. and Mrs. Drewitt, of Twickenham Park, and formerly of Ravine House, Ravine Road, Bournemouth.

**MOYNAGH**—DINWIDDIE.—On July 11th, 1936, at the Priory Church of St. Bartholomew-the-Great, Dr. Digby William Moynagh, eldest son of Mr. W. J. Moynagh, of Nairobi, Kenya, and Mrs. Moynagh, of Sydenham, to Juanita Isabel Rhind, only daughter of the late Mr. Robert Dinwiddie and Mrs. Dinwiddie, of The Ridgeway, Sutton, Surrey.

## DEATHS.

**CURL**.—On August 13th, 1936, in London, Sydney W. Curl, M.D., F.R.C.P., of Cambridge Lodge, Colchester, aged 62.

**GORE**.—On August 12th, 1936, suddenly, at Kingston, Cherry Garden Avenue, Folkestone, Alfred Joseph Gore, M.R.C.S. L.R.C.P., aged 73.

**HAMER**.—On July 7th, 1936, at 55, Dartmouth Park Hill, N.W. 5, Sir William Heaton Hamer, M.A., M.D., F.R.C.P., Medical Officer and School Medical Officer, L.C.C., 1911 to 1925, aged 74.

**TRINDER**.—On August 2nd, 1936, at a nursing home, Dr. Alfred Probus Trinder, aged 78.

**WEST**.—On July 18th, 1936, Lt.-Col. Richard Milbourne West, D.S.O., O.B.E., M.D., of Wootton, I. of W., aged 69.

## NOTICE.

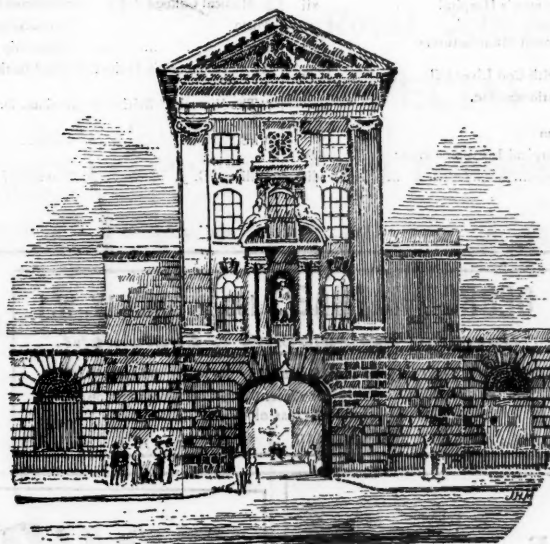
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